

Wire Transfer Request/Authorizaton

For same day processing, outgoing wire requests must be received by:

| | | | |
|---|----|----|---|
| Date Recv/ Time Recv / Time Sent / Empl | | | |
| D | TR | TS | E |

| | |
|--------------------------------------|-----------------------------|
| Originating Bank's Name | Transit / Routing Number |
| Originating Bank's Address | |
| Originating Bank's Telephone Numbers | Originating Bank's Tax ID # |

On behalf of myself or the organization named, I request Bank of Hiawasse to initiate the following wire transfer and I authorize the Bank to charge the account shown for the wire amount plus any fees.

| | | | |
|---|----------------------------|---|---------|
| Wire Sent At The Request Of: | Authorized By: | | |
| Bank of Hiawasse Account Number: | Wire Date: | | |
| | Wire Amount In US\$: \$ | | |
| Mailing Address: | | | |
| City, State and Zip: | | | |
| Day Time Telephone: | Tax ID # or SSN: | | |
| Other Identification (Type - Issuer - Number - Exp Date): | | | |
| Ty | Iss | # | Ex Date |

| | | |
|--|------------------|----------------------|
| Receiving Bank Name: | City and State: | Receiving Bank ABA # |
| Credit The Account Of (Name, City & State of Intermediary Org.): | Account #: | |
| Other Information: | | |
| Final Beneficiary Information (FBO): Name: | Account #: | |
| Recipient's Full Mailing Address | | |
| Day Time Contact Person and Telephone Number: | Tax ID # or SSN: | |
| Contact Name | Phone # | |
| Other Information: | | |